

## GENERAL INSTRUCTIONS

1. Complete items 1.through 8. If the claim amount is \$25.00 or more, the claim form must be notarized.
2. Proof that you are either the same person who is due the funds or are legally entitled to claim funds belonging to the “original owner” MUST ACCOMPANY THE CLAIM FORM. AN IDENTICAL NAME IS NOT SUFFICIENT PROOF. (Examples of acceptable proof are two forms of identification such as, but not limited to, drivers license, or birth certificate (of which one must be a photo identification) or correspondence of documents establishing the claimant’s relationship to a company/ institution.
3. If you are not the “original owner”, you must provide documentation that you have legal authority to claim the funds. (Acceptable documentation includes, but not limited to, current letters of authority, current power of attorney, probated will, current letter of guardianship.)
4. If the claimant is a business, both the business name and the name of the individual claiming on behalf of the business must be included on line 1.
5. Return the completed claim form, together with the required documentation, to:

Stark County Unclaimed Money Claims,  
110 Central Plaza S Suite 250  
Canton, OH 44702  
Attn: Michael Halkides

6. If the funds are from a previous marriage, we must have documentation such as a marriage license or a divorce decree showing the claimant’s previous name.
7. If claim is over \$1000, it must be reviewed and approved by the Stark County Prosecutor’s Office.

Alex Zumbar, Stark County Treasurer  
Unclaimed Money Trust Claim Form  
County Adm. Bldg.  
110 Central Plaza S. Suite 250  
Canton Ohio 44702  
(330) 451-7495

**THIS CLAIM WILL NOT BE PROCESSED WITHOUT PROPER I.D.**

The undersigned, having legal rights to Unclaimed Funds now in the custody of Stark County, makes claim to said funds, in the amount and kind as specified below:

1. \_\_\_\_\_  
Claimant Name (type or print)

2. \_\_\_\_\_  
Claimant Address (street and number)

3. \_\_\_\_\_  
City State Zip

4. Are you the original owner of the funds? Yes No (circle)

5. If no, your relationship to the owner \_\_\_\_\_

6. If no, your reason for claiming in place of owner \_\_\_\_\_

7. Claimant home phone \_\_\_\_\_ 8. Claimant work phone \_\_\_\_\_

The undersigned certifies that he or she has a legal or equitable interest in the unclaimed funds and will indemnify and save harmless the County of Stark, its officers and employee from any other valid claim to such unclaimed funds.

\_\_\_\_\_  
Claimant Signature Date

Affidavit of Claimant  
(Required of all claims \$25.00 or more)

State of Ohio

County of Stark

\_\_\_\_\_, being first duly sworn, deposes and says that the foregoing statement and facts set forth herein are true as he or she verily believes.

\_\_\_\_\_  
Claimant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

SEAL

ALEX ZUMBAR, STARK COUNTY TREASURER  
UNCLAIMED MONEY TRUST CLAIM IDENTIFICATION FORM

The undersigned, claims to have legal rights to Unclaimed Funds now in the custody of Stark County,

\$ \_\_\_\_\_  
Amount

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\_\_\_\_\_  
Description of Unclaimed Funds

Please explain why you feel you are legally entitled to claim these funds.

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\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
DATE

**REMEMBER TO INCLUDE PROPER IDENTIFICATION**

**Reviewed and Approved by Stark County Prosecutor's Office**

Signature \_\_\_\_\_ Date \_\_\_\_\_